Electronic Billing of Third Party Insurance Claims – Other Health Insurance

Audience for Training

Registration Clerks

TPC Personnel

The following slides will be discussed during the training session:

- Insurance Type Policy Codes- p. 11
- Claim Filing Indicators- p. 13, 18, 19, & 20
- Policy Holder/Subscriber DOB & Gender- p. 21 & 24
- HIPAA Individual Relationship Codes- p. 23

PLEASE PRINT OUT PRESENTATION WITH NOTES PAGES- PRINT→PRINT WHAT→NOTE PAGES

Other Health Insurance Changes for HIPAA 837 Claims Processing

Electronic Billing of Third Party Insurance Claims

27 October 2003

ACS Federal Healthcare, Inc.

Purpose

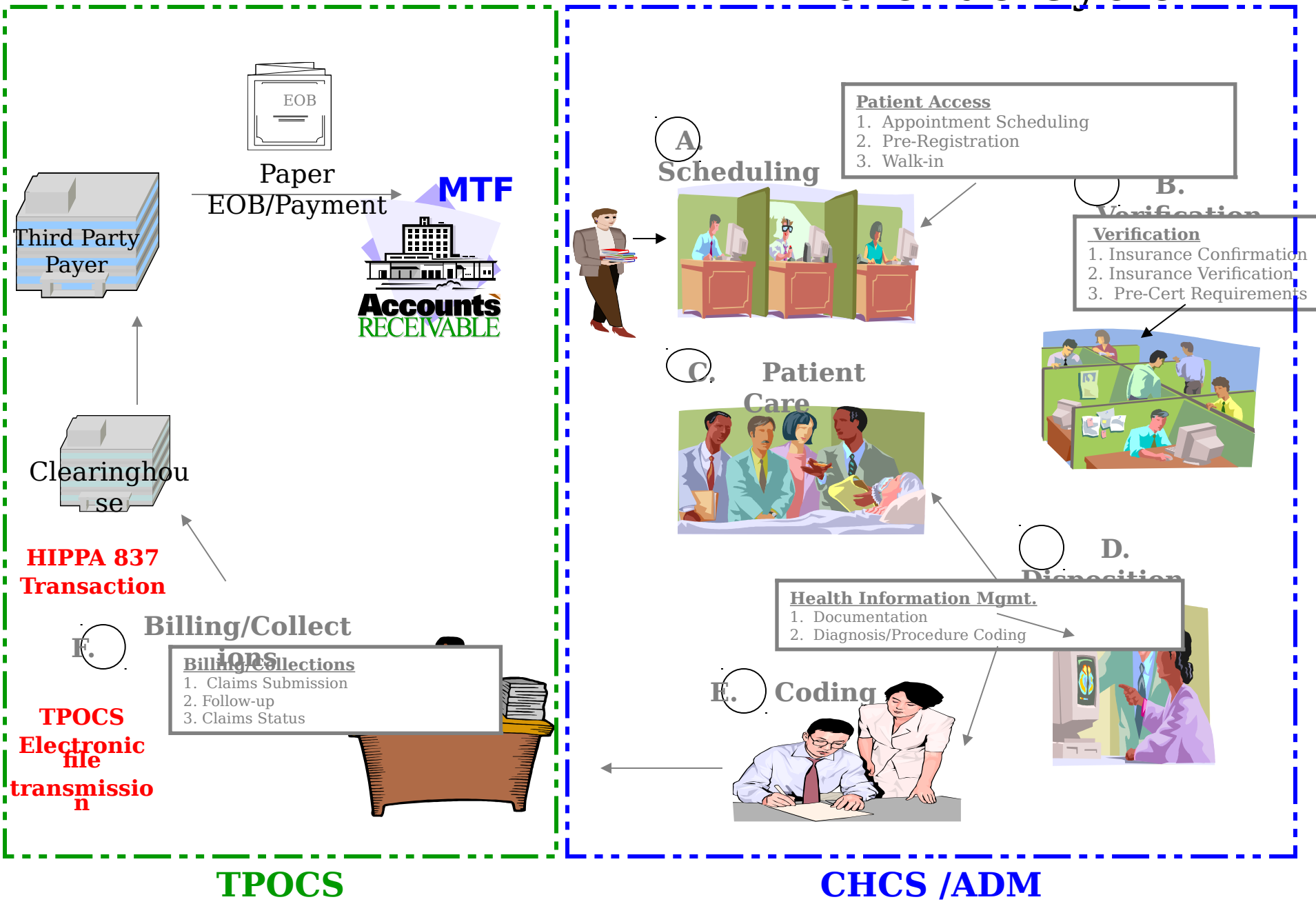
The Purpose of the HIPAA 837 Claims Processing training is to ensure that all the required data for the X12 837 Professional and Institutional Claims are provided to TPOCS. This will provide compliant 837 transaction for claims processing.

TPOCS is the MHS standard system for the processing of third-party claims for outpatient services, and supports billing processes. TPOCS sends the data captured to the clearinghouse to allow electronic billing for claims.

Benefits of Electronic Billing

- Standardizes Data Requirements & Format
- Increases Patient, Insurance, Coding and Billing Data Accuracy
- Increases security of Patient Health Information
- Eliminates costs and delays associated with paper documents
- Reduces initial claims rejections and increase collections
- Shortens waiting periods for reimbursement to MTF

MTF Revenue Cycle



Overview Business Process Issues & Concerns

- CHCS Data Quality Requirements
  - Registration Information
    - OHI/Insurance Files
      - –APU/APV-Prior Authorization Info

Overview Data Requirements from CHCS Users

- Information Required to Allow Electronic Billing on
  - TPOCS with 837 HIPAA Compliant Claims Processing
  - CHCS Data Quality Requirements
    - Registration Information
      - OHI/Insurance Files

*If the information applies it needs to be completed to allow electronic billing *

Patient Registration Information

Fields from Patient Registration
- Name/FMP/Sponsor SSN/Patient SSN/
- **DOB/Sex**
- Address/Phone Number Information
- PATCAT/ Marital Status/PCM Information

*If the information applies it needs to be completed to allow electronic billing *

Daily Other Health Insurance (DOHI) Changes

- Fields from Other Health Insurance (OHI)
- HCDP Code, Enrollment Information, Medicare Claim Filing Information, Group/Policy Information, information, Insured DOB/Gender/Address, Policy Holder/Subscriber Information, Employer Information.

HIPAA Insurance Type

Convert CHCS Insurance Policy Type to HIPAA Insurance Policy Type Codes

CHCS Insurance Policy Type Codes		HIPAA Insurance Type Codes	
CH	CHAMPUS/CHAMPVA	OT	OTHER
CO	COMMERCIAL	CI	COMMERICAL
CS	CHAMPUS SUPPLEMENT	OT	OTHER
GR	EMPLOYER GROUP	GP	GROUP POLICY
MS	MEDICARE SUPPLEMENT	SP	SUPPLEMENTAL POLICY
SD	STUDENT	OT	OTHER

Additional HIPAA Insurance Type Codes	
AP	Auto Insurance Policy
CP	Medicare Conditionally Primary
HM	HMO
IP	Individual Policy
LD	Long Term Policy
LT	Litigation
MB	Medicare Part B
MC	Medicaid
MI	Medigap Part B
MP	Medicare Primary
PP	Personal Payment

Other Subscriber Information

- Other Subscriber Information refers to a secondary po
  that's held by a patient or sponsor listed on that polic
- Other Insured's Birth Date and Gender are required fie
  Claim Filing Indicator is to be captured if available.
- CHCS will display the Claim Filing Indicators in the OHI file if
  New DEERS X12sends it:
  - If New DEERS X12 does not provide the Claim Filing
    CHCS will only be able to support ‘BL’ (Blue Cross/B
    Shield) or ‘CI’ (Commercial Insurance Co.) as provid
    to TPOCS.

Claim Filing Indicators

Code	Description
09	Self-pay
10	Central Notification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	CHAMPUS
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined Unknown

HIPAA Compliant Insurance Type

POLICY: OTHER HEALTH INSURANCE - ENTER/EDIT

Patient: ALAIN,HIPAA 30 FMP/SSN: 20/121-21-2121
Patient Category: USN RET LOS ENLISTED Sex: MALE
Region Code: DOB/Age: 06 JUN 1968/35y
PCM: Date: 31 JUL 2003
HCDP: UNKNOWN

==========

Policy Number:
Insurance company name: Phone:
Address:
City: State: Zip:
Effective Date: Expiration Date:
Policy Ranking:
Insurance Type: Billing Status:
Group Name: Group Number:
Claim Filing Indicator:

Precertification/UR:

PreCert/UR on Report: PreCert/UR Authorization Code:

INSERT OFF

Help = HELP Exit = F10 File/Exit = DO

POLICY: OTHER HEALTH INSURANCE - ENTER/EDIT

Patient: ALAIN,HIPAA 30 FMP/SSN: 20/121-21-2121
Patient Category: USN RET LOS ENLISTED Sex: MALE

AUTO INSURANCE POLICY AP AUTO INSURANCE POLICY
COMERCIAL CI COMERCIAL
GROUP POLICY GP GROUP POLICY
HEALTH MAINTENANCE ORGANIZATION (HMO) HM
= HEALTH MAINTENANCE ORGANIZATION (HMO)
INDIVIDUAL POLICY IP INDIVIDUAL POLICY
LITIGATION LT LITIGATION
+ LONG TERM POLICY LD LONG TERM POLICY

Make Choice = SELECT Exit = F10 Zip:
Effective Date: on Date:

Insurance Type: ?? Billing Status:
Group Name: Group Number:
Claim Filing Indicator:

Precertification/UR:

PreCert/UR on Report: PreCert/UR Authorization Code:

INSERT OFF

Help = HELP Exit = F10 File/Exit = DO

Claim Filing Indicator

If New DEERS X12 does not provide the Claim Filing Indicator, CHCS will only be able to support 'BL' or 'CI' to provide to TPOCS.

Claim Filing Indicators

Code	Description
09	Self-pay
10	Central Notification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
* BL	Blue Cross/Blue Shield
CH	CHAMPUS
* CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined Unknown

POLICY: OTHER HEALTH INSURANCE - ENTER/EDIT

Patient: ALAIN,HIPAA 30 FMP/SSN: 20/121-21-2121
Patient Category: USN RET LOS ENLISTED Sex: MALE
Region Code: DOB/Age: 06 JUN

Enter the HIPAA claim filing indication

This is the HIPAA claim filing indication

Answer with CLAIM FILING CODE NAME
(L)ist of values, or (Q)uit? L

Keyboard Help =
PF1,HELP

Expiration Date:

Claim Filing Indicator: ??

Precertification/UR:

PreCert/UR on Report: PreCert/UR Authorization Code:

POLICY: OTHER HEALTH INSURANCE - ENTER/EDIT

Patient: ALAIN,HIPAA 30 FMP/SSN: 20/121-21-2121
Patient Category: USN RET LOS ENLISTED Sex: MALE
Region Code: DOB/Age: 06 JUN

BLUE CROSS/BLUE SHIELD BL
COMMERCIAL INSURANCE COMPANY CI

Make Choice = SELECT
PF1,HELP

Claim Filing Indicator: ??

Precertification/UR:

PreCert/UR on Report: PreCert/UR Authorization Code:

Policyholder/Subscriber Relationship, DOB, Name & Gender

Add Additional Policy Holder (Other Subscriber) Information

- CHCS will replace CHCS Relationship to Insured values with
  HIPAA Individual Relationship Codes
- CHCS will include the data elements, if available, for the Other
  Subscriber Gender, DOB and Claim Filing Indicator in IOHI,
  SOHI, and DOHI extracts files sent to TPOCS

Convert CHCS Relationship to Insured Codes to HIPAA Individual Relationship Codes

CHCS Relationship to Insured Code		Policy Holder Association Code	
01	Self	18	Self
02	Spouse	01	Spouse
03	Child	19	Child
05	Step-Child	17	Stepson or Stepdaughter
06	Foster Child	10	Foster Child
07	Ward of Court	15	Ward
08	Employee	20	Employee
09	Unknown	21	Unknown
10	Handicapped Dependent	22	Handicapped Dependent
11	Organ Donor	39	Organ Donor
13	Grandchild	05	Grandson or Granddaughter
14	Niece/Nephew	07	Nephew or Niece
15	Injury Plaintiff	41	Injured Plaintiff
16	Sponsored Dependent	23	Sponsored Dependent
17	Minor Dependent	G8	Other Relationship
18	Parent	32	Mother
		33	Father
19	Grandparent Dependent	04	Grandfather or Grandmother

Additional Policy Holder Association Code	
09	Adopted Child
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
34	Other Adult
36	Emancipated Minor
40	Cadaver Donor
43	Child Where Insured Has No Financial Responsibility
53	Life Partner

POLICY: OTHER HEALTH INSURANCE - ENTER/EDIT
Patient: ALAIN,HIPAA 30 FMP/SSN: 20/121-21-2121
Patient Category: USN RET LOS ENLISTED Sex: MALE
Region Code: DOB/Age: 06 JUN 1968/35y
PCM: Date: 31 JUL 2003
HCDP: UNKNOWN

==========

Policyholder/Subscriber Name:
Policyholder/Subscriber SSN:
Policyholder/Subscriber DOB:
Policyholder/Subscriber Gender:
Relationship to Policyholder/Subscriber:
Street Address:
City:
State:
Zip:

Insured Employer Name: Phone:
Street Address:
City:
State:
Zip:

New fields that must be populated!

This is also a required field

INSERT OFF

Help = HELP Exit = F10 File/Exit = DO

POLICY : OTHER HEALTH INSURANCE - ENTER/EDIT

Enter the RELATIONSHIIP of the PATIENT to the POLICY HOLDER/SUBSCRIBER.

Relationship of the patient to the policy holder/subscriber (from the RELATIONSHIP PATIENT TO INSURED File).

(M)ore help, (L)ist of values, or (Q)uit? L

Keyboard Help = PF1,HELP

Policyholder Gender:

Relationship to Policyholder/Subscriber: ??

Street Address:

City:

State:

Zip:

Insured Employer Name: Phone:

Street Address:

City:

State:

Zip:

INSERT OFF

Help = HELP Exit = F10 File/Exit = DO

POLICY : OTHER HEALTH INSURANCE - ENTER/EDIT

ADOPTED CHILD
CADAVER DONOR
CHILD
CHILD WHERE INSURED HAS NO FINANCIAL RESPONSIBILITY
DEPENDENT OF A MINOR DEPENDENT
EMANCIPATED MINOR
EMPLOYEE
+FATHER

Make choice = SELECT Exit = F10

Relationship to Policyholder/Subscriber: ??
Street Address:
City:
State:
Zip:
Insured Employer Name: Phone:
Street Address:
City:
State:
Zip:

INSERT OFF

Help = HELP Exit = F10 File/Exit = DO

Prior Authorization Number for Ambulatory Procedure Visit (APV)

CA-PAS-Managed Care-CDSK-VAP

Visit (APV) Referrals

- Two new menu options in the VAP menu:
  - PAPV - APV Prior Authorization Number
  - RAPV - APV Prior Authorization Report
- For APV appointments, users can now enter prior authorization numbers.
- Captured authorization numbers are available in the VAP menu option.

New
Enter Prior Authorization Number (PAPV) Option

CA-PAS-Managed Care-CDSK-VAP-PAPV

Enter APV Prior Authorization Number

Select PATIENT: FINES,MOE 20/301-30-1301 06 Mar 1965 M NO6

Display from which DATE: T (04 Aug 2

Display to which DATE: T

User can enter a date in the future.

Select (O)rder, (R)eferral, or (A)ppointment:

Personal Data – Privacy Act of 1974 (PL 93-579)

Enter/Edit APV Prior Authorization
Personal Data – Privacy Act of 1974 (PL 93-579)

Patient: FINES,MOE FMP/SSN: 20/301-30-1301
Home Phone: Work Phone:
Date Range: 04 Aug 2003 to 04 Aug 2003

Appt Date/Time	Clinic	Provider	Status	Prior Auth#
* 04Aug2003@1030	LI APU	DELEON,ALAIN	PENDING	

Use SELECT key to select appointment(s) to Enter/Modify Prior Authorization #
Press F9 to view diagnosis and procedure data

Personal Data – Privacy Act of 1974 (PL 93-579)

PATIENT APPOINTMENT: 04 Aug 2003@1030 PROBLEM
PROCEDURE & DIAGNOSIS
Personal Data – Privacy Act of 1974 (PL 93-579)

Patient: FINES,MOE FMP/SSN: 20/301-30-1301
Category: USN RET LOS OFFICER

Enter Prior Authorization #1:
Enter Prior Authorization #2:

Select Diagnosis:

Select Procedure:

File/Exit Abort Edit
File changes and exit.

New
APV Prior Authorization Report
(RAPV) Option

CA-PAS-Managed Care-CDSK-VAP-RAPV

APV PRIOR AUTHORIZATION REPORT

Division: NH PORTSMOUTH,VA
Clinic: LI APU
Date Range:

Select (D)ate Range or (Q)uit:

APV PRIOR AUTHORIZATION REPORT

Division: NH PORTSMOUTH,VA
Clinic: LI APU
Date Range:

Report Start Date: T (04 Aug 2003)
Report Stop Date: T

APV PRIOR AUTHORIZATION REPORT

Division: NH PORTSMOUTH,VA
Clinic: LI APU
Date Range: 04 Aug 2003 to 04 Aug 2003

This may be a COMPLEX report.
Please queue it to print
during the night or other non-peak hours.
Printing it NOW may impact other users on the system.

Do you want to proceed with this report? No//

APV PRIOR AUTHORIZATION REPORT

Division: NH PORTSMOUTH,VA
Clinic: LI APU
Date Range: 04 Aug 2003 to 04 Aug 2003

This is a 132 column report.
This report is for printers only.

Select DEVICE:

NAVMEDCEN PORTSMOUTH VA 04 Aug 2003@1001 Page 1

APV PRIOR AUTHORIZATION REPORT BY APPOINTMENTS
From: 04 Aug 2003 To: 04 Aug 2003

Division: NH PORTSMOUTH,VA DMIS ID: 0124
Clinic: LI APU

*Indicates patient has multiple insurance policies and may require an additional prior authorization

APPT DATE/TIME	Patient Name	FMP/SSN	Referral#	Referral Dt	Prior Auth
Insurance Company		Policy Number	Policy Rank	Phone Number	
04 Aug 2003@0945	ABBOTT,SHERRY	30/676370462	20030000143	04 Aug 2003@0910	
BLUE CROSS BLUE SHIELD CA		B9340932410	P	B003312001	
04 Aug 2003@1030	FINES,MOE	20/301301301	20030000144	04 Aug 2003@0933	001 *
AETNA		2356	P	B004482180	
HUMANA		5698	S	B009920578	

Press <RETURN> to continue

Summary

*If the information applies
It needs to be completed
To allow electronic billing*

- Data Requirements
  - Patient
  - Insurance